

Foster Family Home - Corrective Action Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

812 West Kawaiilani Street

Hilo HI 96720

Review ID: 2-140053-7

Reviewer: Carol Copeland

Begin Date: 7/31/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN 15W
Compliance Manager

Edna Salom
Primary Care Giver

8/2/19
Date
8-2-2019
Date